

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-002843

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 276

Primary Registration District No. 4410

Registrar's No. 5

STATE FILE NUMBER

VS 300
Rev. 4/59

1 0810

2 1060

3

4 0

5 0

6

7 0

8 0

9 420.1

10

11

12 86-0

13 2-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

FILED FEB 7 1963

1. PLACE OF DEATH

a. COUNTY

Phelps

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN St. James

Length of stay in 1b

6 1/2 mo.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Soldiers Home Hosp.

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MO.

b. COUNTY

Taney

Inside Limits

Yes ☐ No ☒

c. CITY OR TOWN

Taneyville

d. STREET ADDRESS

Rural

Reside on Farm

Yes ☒ No ☐

3. NAME OF DECEASED (Type or print)

First Claude

Middle

E. Claussen

Last

4. DATE OF DEATH

Month

Day

Year

Feb. 1 - 1963

5. SEX

male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☒

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

1-25-1887

9. AGE (last birthday)

76

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY

-

11. BIRTHPLACE (City and state or country)

Cedar Creek, MO.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

MARK CLAUSSEN

13b. MOTHER'S MAIDEN NAME

SARAH CLAUSSEN (maiden name UNKNOWN)

14. NAME OF HUSBAND OR WIFE

-

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates)

yes World War

16. SOCIAL SECURITY NO.

17. INFORMANT (Name and Address)

Elmer CLAUSSEN - Forsythe, MO.

18. CAUSE OF DEATH (Enter only one cause)

PART I. DEATH WAS CAUSED

IMMEDIATE CAUSE (a)

myocardial infarction
infirmities of age

INTERVAL BETWEEN ONSET AND DEATH

Sudden

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 6/14/62 to 2/1/63 and last saw him alive on 2/1/63

Death occurred at 91 254 m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

James L. Brown

(Degree or title)

22b. ADDRESS

Calla, MO

22c. DATE SIGNED

2/4/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

2-4-63

23c. NAME OF CEMETERY OR CREMATORY

Brown Cem.

23d. LOCATION (City, town, or county)

Cedar Creek, MO.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Whelchel Funeral - Forsythe, MO

25. DATE RECD. BY LOCAL REG.

2-4-63

26. REGISTRAR'S SIGNATURE

Ruth A. Powell

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

VS
FEB 21 1963

MAR 11 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by me, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Oral E Licklider

Licensed Embalmer No. 3546

P. O. Address St James

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.